

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Black Conservatives Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00560599		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Active Engagement</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 19 / 2014</b>		
Mailing Address <b>44084 Riverside Pkwy</b>			Amount <b>1000.00</b>		
City <b>Lansdowne</b>	State <b>VA</b>	Zip Code <b>20176</b>	Transaction ID : <b>SE.16461</b>		
Purpose of Expenditure <b>Copywriting</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 18 / 2014</b>		
Name of Federal Candidate <b>MARY L LANDRIEU</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>22515.20</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure		Category/Type	MM / DD / YYYY		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>1000.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶			<b>1000.00</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Patrick Krason</i>		[Electronically Filed]		Date MM / DD / YYYY <b>11 / 18 / 2014</b>	